

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

RECEIVED
EMAIL
OCT 28 2009

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillian For Council

IMPORTANT: Indicate by # type of committee you are reporting for: ☐

(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political
Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Kevin L. Trevillian

Political Party (if applicable)

Office Sought

WDM City Council Ward 1

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Kevin L. Trevillian
SIGNATURE OF PERSON FILING REPORT

515-240-8786
TELEPHONE

OCT. 28, 2009
DATE SIGNED

I AM FILING A OCT. 29, 2009 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

Nov. 3, 2009

County & Local Committees, enter County in
which Election is held

Polk

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 327.91

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,535.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 1862.91

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1438.38

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 424.53

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillian For City Council

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8-23-09	ID# CK#	Dorothy Donaghy 212 NE Englewood Dr. Ankeny, IA	Mother-In-law	\$ 100 ⁰⁰	<input checked="" type="checkbox"/>
8-26-09	ID# CK#	Paula Meyer 1147 Prairieview Ave. Van Meter, IA		20 ⁰⁰	<input checked="" type="checkbox"/>
8-28-09	ID# CK#	Dennis Heit 401-5th St. WDM, IA		50 ⁰⁰	<input checked="" type="checkbox"/>
9-1-09	ID# CK#	Terril Johnson 912-19th St. WDM, IA		25 ⁰⁰	<input checked="" type="checkbox"/>
9-9-09	ID# CK#	Roberta Brennan 932-12th St. WDM, IA		25 ⁰⁰	<input checked="" type="checkbox"/>
9-9-09	ID# CK#	Earlene Odens 712-12th St. WDM, IA		10 ⁰⁰	<input checked="" type="checkbox"/>
9-14-09	ID# CK#	Jim Roman 1117 V.V. del Lane WDM, IA		100 ⁰⁰	<input checked="" type="checkbox"/>
9-15-09	ID# CK#	Robert Foster 726-5th St. WDM, IA		25 ⁰⁰	<input checked="" type="checkbox"/>
9-16-09	ID# CK#	Shawn Miller 7426 Poinsett Place WDM, IA		50 ⁰⁰	<input checked="" type="checkbox"/>
9-16-09	ID# CK#	Mary Drees 4230 Commerce Drive WDM, IA		100 ⁰⁰	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 505 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 3
(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillian For City Council

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9-16-09	ID# CK#	Brian Brinkmeyer 1914 NW 89th Clive, IA		\$25.00	<input checked="" type="checkbox"/>
9-16-09	ID# CK#	Unitemized		170.00	<input checked="" type="checkbox"/>
9-26-09	ID# CK#	Robert Flehler 405-39th WDM, IA		100.00	<input checked="" type="checkbox"/>
9-26-09	ID# CK#	Dolores Sleszynski 7610 Wistful Vista Dr. WDM, IA	Aunt-In-Law	100.00	<input checked="" type="checkbox"/>
10-3-09	ID# CK#	Margo Blumenthal 951 - S. 35th St. WDM		100.00	<input checked="" type="checkbox"/>
10-7-09	ID# CK#	Marian Nelson 704-12th #6 West Des Moines, IA		15.00	<input checked="" type="checkbox"/>
10-10-09	ID# CK#	Richard Warren 9608 Winston Ave Urbandale, IA		100.00	<input checked="" type="checkbox"/>
10-18-09	ID# CK#	Randy Celsi 620-13th St. WDM, IA		100.00	<input checked="" type="checkbox"/>
10-18-09	ID# CK#	Ron Celsi 618-17th WDM, IA		100.00	<input checked="" type="checkbox"/>
10-18-09	ID# CK#	Brian Donaghy 3229 NW 60th Dr. Ankeny, IA	Brother-In-Law	50.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$860.00	
TOTAL (if last page of this schedule)				\$	

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Page 2 of 3
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillian For City Council

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-18-09	ID# CK#	Joel Donaghy 1805 79th St. Windsor Heights, IA	Brother-in-law	\$ 50.00	<input checked="" type="checkbox"/>
10-21-09	ID# CK#	Bruce Clark 1905 Prospect Ave. WDM, IA		45.00	<input checked="" type="checkbox"/>
10-24-09	ID# CK#	John Gallagher 3090 - 120th St. Cumming, IA		50.00	<input checked="" type="checkbox"/>
10-26-09	ID# CK#	Mary Hill 516-12th St. WDM, IA		25.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 170.00

TOTAL (if last page of this schedule)

\$ 1,535.00

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Page 3 of 3
(for Schedule A)

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Trevillian For Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-9-09	ID# CK#	Fast Signs 1791-NW 86th Clive, IA	Deposit For Campaign Signs	\$ 150 ⁰⁰
9-11-09	ID# CK#	Fast Signs 1791-NW 86th Clive, IA	Balance For Campaign Signs	189 ²⁰
9-11-09	ID# CK#	Capitol City Graphics 2905 Delaware Ave. Des Moines, IA	Campaign Brochures & stickers	165 ⁰⁰
9-23-09	ID# CK#	Michael's 1404-22nd St. West Des Moines, IA	Iron on Lettering For campaign advertising	8 ⁴⁶
10-3-09	ID# CK#	The Tavern I 205-5th St. West Des Moines, IA	Food For Campaign Workers	67 ⁷⁵
10-16-09	ID# CK#	Capitol City Graphics 2905 Delaware Ave. Des Moines, IA	Campaign Brochures	106 ⁰⁰
10-21-09	ID# CK#	Des Moines Register 715 Locust Des Moines, IA	Campaign Ad	345 ⁰⁰
10-23-09	ID# CK#	Kevin L. Trevillian 722-5th St. West Des Moines, IA	Campaign Signs ordered on-line using Personal credit card for payment	406 ⁹¹
SUB-TOTAL				\$ 1438.38
TOTAL (if last page of this schedule)				\$ 1438.38

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)